

2004-2005 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Circle program child is receiving and list case number: Food Stamp or FAIM or FDPIR*

*If you listed a Food Stamp, FAIM, or FDPIR case number for EACH child. **Skip to Part 4.**

Part 2. Foster Child/Institutionalized Child

☐ Check if this application is for a foster child/institutionalized child. *Each foster child needs a separate application.*
List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____. **Skip to Part 4.**

Part 3. Total Household Income from last month

1. Names of every person in the household	2. Income for every person in the household for last month. Specify how often it was received (weekly, monthly, every other week, etc.) Seasonal workers and farmers use annual income. Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly			
Name(s)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number (see Privacy Act Statement on the back of this page).

I certify that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Printed Name of Adult _____ Phone # _____ Work Phone # _____

Address _____ City/Zip _____

Signature _____ Date _____

Social Security Number: ____ - ____ - _____

Part 5. Children's racial and ethnic identities (optional)

Check one or more as applicable:

☐ White ☐ Black ☐ Hispanic ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander

For School Use Only	Do Not Write Below This Line	For School Use Only
Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2		
Determination based on (check one): <input type="checkbox"/> Income Household: Total Income _____ per _____ Household Size _____		
<input type="checkbox"/> Food Stamp/FAIM/FDPIR Household		
<input type="checkbox"/> Foster Child		
Check the box that applies: Approved for: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price		
Temporary approval for: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price Temporary approval until: _____		
Denied for: <input type="checkbox"/> Income Over <input type="checkbox"/> Incomplete/Missing Information		
Determining Official's Signature: _____ Date: _____		

Your child(ren) may qualify for free or reduced-price meals or free milk if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2004-05			
Household size	Yearly(\$)	Monthly(\$)	Weekly(\$)
1	17,244	1,436	332
2	23,107	1,926	445
3	28,990	2,416	558
4	34,873	2,907	671
5	40,756	3,397	784
6	46,639	3,887	897
7	52,522	4,377	1,011
8	58,405	4,868	1,124
Each additional person:	5,883	491	114

Privacy Act Statement: This explains how we will use the information you give us.

The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child(ren) for free or reduced-price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp, FDPIR, or FAIM case numbers for all children you are applying for, OR if you are applying for a foster child. We WILL use your information to see if your children are eligible for free or reduced-price meals, to run the program, and to enforce the rules of the program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.